



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE USA, INC.

NAIC Group Code 3383 1238 NAIC Company Code 12326 Employer's ID Number 38-3240485  
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ☒ ] No [ ☐ ]

Incorporated/Organized 02/18/1994 Commenced Business 02/18/1994

Statutory Home Office 27777 Franklin Rd, Suite 1300, Southfield, MI, US 48034-2334  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline Ave NE  
(Street and Number)  
Grand Rapids, MI, US 49525-4501, 313-871-7878  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1231 East Beltline Ave NE, Grand Rapids, MI, US 49525-4501  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 27777 Franklin Rd, Suite 1300  
(Street and Number)  
Southfield, MI, US 48034-2337, 13-871-7878  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address THCMI.COM

Statutory Statement Contact SARA JANE MCGLYNN, 313-293-6466  
(Name) (Area Code) (Telephone Number)  
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(E-mail Address) (FAX Number)

OFFICERS

CHAIRPERSON PRAVEEN GOPE THADANI SECRETARY KIMBERLY LYNN THOMAS  
TREASURER NICHOLAS PATRICK GATES

OTHER

DIRECTORS OR TRUSTEES

PRAVEEN GOPE THADANI MICHAEL ADAM JASPERSON KIMBERLY LYNN THOMAS  
JOYCE CHAN RUSSELL NICHOLAS PATRICK GATES

State of Michigan SS  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

PRAVEEN GOPE THADANI NICHOLAS PATRICK GATES KIMBERLY LYNN THOMAS  
PRESIDENT TREASURER SECRETARY

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
a. Is this an original filing? ..... Yes [ ☒ ] No [ ☐ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....02/27/2023  
3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	248,970		248,970	1,000,310
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....5,510,619 , Schedule E - Part 1), cash equivalents (\$ ..... 846,019 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	6,356,638		6,356,638	54,342,869
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	6,605,608	0	6,605,608	55,343,179
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	13,882		13,882	687
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0		0	567,309
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	543,861
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....	0		0	85,618
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	6,619,490	0	6,619,490	56,540,654
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	6,619,490	0	6,619,490	56,540,654
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....			0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	278,217		278,217	14,496,644
2. Accrued medical incentive pool and bonus amounts .....	0		0	757,223
3. Unpaid claims adjustment expenses.....	4,637		4,637	222,269
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....			0	3,502,951
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....			0	660,934
9. General expenses due or accrued.....	254,982		254,982	912,535
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated.....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	1,752,083		1,752,083	4,217,083
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current).....	585,038	0	585,038	318,553
24. Total liabilities (Lines 1 to 23).....	2,874,957	0	2,874,957	25,088,192
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	0	6,273,089
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	3,744,533	25,179,373
32. Less treasury stock, at cost: 32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	3,744,533	31,452,462
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	6,619,490	56,540,654
DETAILS OF WRITE-INS				
2301. Escheats .....	96,685		96,685	318,553
2302. Contingent liability .....	488,353		488,353	0
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	585,038	0	585,038	318,553
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	0	386,198
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX.....	203,651	144,981,044
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	0	
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX.....	0	
5. Risk revenue .....	XXX.....	1,669,987	7,609,589
6. Aggregate write-ins for other health care related revenues .....	XXX.....	120,117	0
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.....	1,993,755	152,590,633
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		(4,766,884)	85,887,852
10. Other professional services .....		919,191	8,135,479
11. Outside referrals .....		0	
12. Emergency room and out-of-area .....		1,039,037	13,388,986
13. Prescription drugs .....		221,967	26,664,073
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		131,829	522,394
16. Subtotal (Lines 9 to 15) .....	0	(2,454,860)	134,598,784
<b>Less:</b>			
17. Net reinsurance recoveries .....		12,421	295,842
18. Total hospital and medical (Lines 16 minus 17) .....	0	(2,467,281)	134,302,942
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....0 cost containment expenses ....		42,212	2,664,877
21. General administrative expenses .....		2,796,850	15,922,039
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	371,781	152,889,858
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.....	1,621,974	(299,225)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		130,897	38,022
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(310)	(11,478)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	130,587	26,544
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX.....	1,752,561	(272,681)
31. Federal and foreign income taxes incurred .....	XXX.....		
32. Net income (loss) (Lines 30 minus 31)	XXX.....	1,752,561	(272,681)
<b>DETAILS OF WRITE-INS</b>			
0601. Escheats Write-offs .....	XXX.....	120,117	0
0602. ....	XXX.....		0
0603. ....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX.....	120,117	0
0701. ....	XXX.....		0
0702. ....	XXX.....		
0703. ....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX.....	0	0
1401. ....			0
1402. ....			0
1403. Other Expense .....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. ....			0
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	31,452,462	31,148,223
34. Net income or (loss) from Line 32 .....	1,752,561	(272,681)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(1,030)	(7,397)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	140,540	584,317
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	6,273,089	
45. Surplus adjustments:		
45.1 Paid in .....	(6,273,089)	0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....	(29,600,000)	
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(27,707,929)	304,239
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,744,533	31,452,462
DETAILS OF WRITE-INS		
4701. ....		0
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	(3,252,385)	132,908,696
2. Net investment income .....	117,702	40,187
3. Miscellaneous income .....	1,790,104	7,609,589
4. Total (Lines 1 through 3) .....	(1,344,579)	140,558,472
5. Benefit and loss related payments .....	11,878,890	134,559,747
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,714,247	18,623,067
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	15,593,137	153,182,814
11. Net cash from operations (Line 4 minus Line 10) .....	(16,937,716)	(12,624,342)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,000,000	750,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,000,000	750,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	250,000	750,000
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	250,000	750,000
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	750,000	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	29,600,000	0
16.6 Other cash provided (applied) .....	(2,198,515)	544,707
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(31,798,515)	544,707
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(47,986,231)	(12,079,635)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	54,342,869	66,422,504
19.2 End of year (Line 18 plus Line 19.1) .....	6,356,638	54,342,869

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	203,651	203,651								
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue .....	1,669,987	1,669,987								XXX
5. Aggregate write-ins for other health care related revenues .....	120,117	120,117	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	1,993,755	1,993,755	0	0	0	0	0	0	0	0
8. Hospital/medical benefits .....	(4,766,884)	(4,766,884)								XXX
9. Other professional services .....	919,191	919,191								XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	1,039,037	1,039,037								XXX
12. Prescription drugs .....	221,967	221,967								XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	131,829	131,829								XXX
15. Subtotal (Lines 8 to 14) .....	(2,454,860)	(2,454,860)	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries .....	12,421	12,421								XXX
17. Total medical and hospital (Lines 15 minus 16).....	(2,467,281)	(2,467,281)	0	0	0	0	0	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ ..... cost containment expenses .....	42,212	42,212								
20. General administrative expenses .....	2,796,850	2,796,850								
21. Increase in reserves for accident and health contracts ..	0									XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	371,781	371,781	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,621,974	1,621,974	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501. Escheats writeoffs .....	120,117	120,117								XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	120,117	120,117	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	(623,611)			(623,611)
2. Comprehensive (hospital and medical) group .....	827,262			827,262
3. Medicare Supplement .....				0
4. Dental only .....				0
5. Vision only .....				0
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....	0			0
8. Title XIX - Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	203,651	0	0	203,651
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	203,651	0	0	203,651



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct .....	11,631,739	4,084,555	7,547,184											
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	556,283	556,283												
1.4 Net .....	11,075,456	3,528,272	7,547,184	0	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	889,052		889,052											
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	278,217	97,756	180,461	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	278,217	97,756	180,461	0	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0													
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0	0	0											
6. Net health care receivables (a) .....	0	0	0											
7. Amounts recoverable from reinsurers December 31, current year .....	0	0	0											
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	14,496,644	5,173,878	9,322,766	0	0	0	0	0	0				0	0
8.2 Reinsurance assumed .....	0			0	0	0	0	0	0				0	0
8.3 Reinsurance ceded .....	0			0	0	0	0	0	0				0	0
8.4 Net .....	14,496,644	5,173,878	9,322,766	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	757,223		757,223											
11. Amounts recoverable from reinsurers December 31, prior year .....	543,861	543,861												
12. Incurred Benefits:														
12.1 Direct .....	(2,586,688)	(991,567)	(1,595,121)	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	12,422	12,422	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	(2,599,110)	(1,003,989)	(1,595,121)	0	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	131,829	0	131,829	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct .....	0	0	0											
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	278,217	97,756	180,461											
2.2 Reinsurance assumed .....	0													
2.3 Reinsurance ceded .....	0													
2.4 Net .....	278,217	97,756	180,461	0	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	278,217	97,756	180,461	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	278,217	97,756	180,461	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual .....	4,072,133	0	97,756	0	4,169,889	5,173,878
2. Comprehensive (hospital and medical) group .....	7,547,184	0	180,461	0	7,727,645	9,322,766
3. Medicare Supplement .....					0	0
4. Dental Only .....					0	0
5. Vision Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....					0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	
10. Disability Income .....					0	
11. Long-Term Care .....					0	
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	11,619,317	0	278,217	0	11,897,534	14,496,644
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	889,052				889,052	757,223
17. Totals (Lines 13 - 14 + 15 + 16)	12,508,369	0	278,217	0	12,786,586	15,253,867

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2018	2 2019	3 2020	4 2021	5 2022
1.	Prior .....	.....9,111	.....9,838	.....981	.....1,004	.....1,004
2.	2018 .....	.....129,204	.....139,935	.....140,245	.....140,325	.....140,340
3.	2019 .....	XXX.....	.....147,423	.....162,779	.....163,716	.....163,820
4.	2020 .....	XXX.....	XXX.....	.....118,098	.....135,216	.....135,352
5.	2021 .....	XXX.....	XXX.....	XXX.....	.....120,956	.....132,731
6.	2022 .....	XXX.....	XXX.....	XXX.....	XXX.....	0

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2018	2 2019	3 2020	4 2021	5 2022
1.	Prior .....	.....9,317	.....9,152	.....9,994	.....1,005	.....1,000
2.	2018 .....	.....112,883	.....139,935	.....140,256	.....140,328	.....140,342
3.	2019 .....	XXX.....	.....147,423	.....163,066	.....163,741	.....163,847
4.	2020 .....	XXX.....	XXX.....	.....134,072	.....135,558	.....135,697
5.	2021 .....	XXX.....	XXX.....	XXX.....	.....135,840	.....147,987
6.	2022 .....	XXX.....	XXX.....	XXX.....	XXX.....	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1.	2018 .....	.....182,228	.....182,228	.....140,340	.....77.0	.....322,568	.....177.0	.....	.....0	.....322,568	.....177.0
2.	2019 .....	.....181,249	.....181,249	.....163,820	.....90.4	.....345,069	.....190.4	.....2	.....0	.....345,071	.....190.4
3.	2020 .....	.....145,511	.....145,511	.....135,352	.....93.0	.....280,863	.....193.0	.....3	.....0	.....280,866	.....193.0
4.	2021 .....	.....152,591	.....152,591	.....132,731	.....87.0	.....285,322	.....187.0	.....273	.....5	.....285,600	.....187.2
5.	2022 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2018	2 2019	3 2020	4 2021	5 2022
1.	Prior .....	9,111	9,838	981	1,004	1,004
2.	2018 .....	129,204	139,935	140,245	140,325	140,340
3.	2019 .....	XXX	147,423	162,779	163,716	163,820
4.	2020 .....	XXX	XXX	118,098	135,216	135,352
5.	2021 .....	XXX	XXX	XXX	120,956	132,731
6.	2022 .....	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2018	2 2019	3 2020	4 2021	5 2022
1.	Prior .....	9,317	9,152	9,994	1,005	1,000
2.	2018 .....	112,883	139,935	140,256	140,328	140,342
3.	2019 .....	XXX	147,423	163,066	163,741	163,847
4.	2020 .....	XXX	XXX	134,072	135,558	135,697
5.	2021 .....	XXX	XXX	XXX	135,840	147,987
6.	2022 .....	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2018 .....	182,228	182,228	140,340	77.0	322,568	177.0	0	0	322,568	177.0
2. 2019 .....	181,249	181,249	163,820	90.4	345,069	190.4	2	0	345,071	190.4
3. 2020 .....	145,511	145,511	135,352	93.0	280,863	193.0	3	0	280,866	193.0
4. 2021 .....	152,591	152,591	132,731	87.0	285,322	187.0	273	5	285,600	187.2
5. 2022 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....													
2. Additional policy reserves (a) .....													
3. Reserve for future contingent benefits .....													
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) ..													
5. Aggregate write-ins for other policy reserves .....													
6. Totals (gross) .....													
7. Reinsurance ceded .....													
8. Totals (Net)(Page 3, Line 4) .....													
9. Present value of amounts not yet due on claims .....													
10. Reserve for future contingent benefits .....													
11. Aggregate write-ins for other claim reserves .....													
12. Totals (gross) .....													
13. Reinsurance ceded .....													
14. Totals (Net)(Page 3, Line 7)													
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page.....													
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)													
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....													
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)													

(a) Includes \$ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES					
	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
			General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....		1,268	84,162		85,430
2. Salary, wages and other benefits .....		7,509	498,481		505,990
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....		357	23,688		24,045
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services ...		850	56,397		57,247
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....		1,774	117,752		119,526
10. Printing and office supplies .....					0
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....		15,489	1,019,361		1,034,850
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....		360	27,408		27,768
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....		14	923		937
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....		14,591	968,678		983,269
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	0	42,212	2,796,850	0	(a) .....2,839,062
27. Less expenses unpaid December 31, current year		4,637	254,982		259,619
28. Add expenses unpaid December 31, prior year .....		222,269	912,535		1,134,804
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	0	259,844	3,454,403	0	3,714,247
DETAILS OF WRITE-INS					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0	0

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....3,587	.....2,932
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....	.....
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments .....	(e) .....114,115	.....127,965
7	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	117,702	130,897
11.	Investment expenses .....		(g) .....0
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....0
17.	Net investment income (Line 10 minus Line 16)		130,897
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$. ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....0	.....0	.....0	.....0	.....0
1.2	Other bonds (unaffiliated) .....	.....(310)	.....0	.....(310)	.....(1,030)	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....0	.....0
5.	Contract loans .....	.....0	.....0	.....0	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	.....0	.....0	.....0	.....0	.....0
7.	Derivative instruments .....	.....0	.....0	.....0	.....0	.....0
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	(310)	0	(310)	(1,030)	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....		140,540	140,540
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	0	140,540	140,540
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	0	140,540	140,540
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Other Receivable .....		0	0
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	24,128					
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....	1,053					
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	25,181	0	0	0	0	0
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

Total Health Care USA, Inc.

Notes to Financial Statements – Statutory Basis

1. Nature of Business and Summary of Significant Accounting Policies

Total Health Care USA, Inc. (the "Company"), a not-for-profit corporation and wholly owned subsidiary of Total Health Care, Inc., operates as a state-licensed health maintenance organization (HMO). The Company provides health plan coverage to persons primarily in southeastern Michigan who subscribe as part of an employer group or as individuals.

a. Accounting Practices

The accompanying financial statements of Total Health Care USA, Inc. (the "Company" or "THC") have been prepared in conformity with statutory accounting practices prescribed or permitted by Section 1007 of the Michigan statutes of the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as certain receivables from affiliates) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$0 and \$141,000 December 31, 2022 and December 31, 2021, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

NET INCOME	SSAP #	F/S Page	F/S Line #	2022	2021
(1) Total Health Care USA state basis (Page 4, Line32, Columns 2 & 4)	XXX	XXX	XXX	\$1,752,561	(\$272,681)
(2) State Prescribed Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(3) State Permitted Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(4) NAIC SAP	(1-2-3=4)	XXX	XXX	\$1,752,561	(\$272,681)
SURPLUS					
(5) Total Health Care USA state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$3,744,533	\$31,452,462
(6) State Prescribed Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(7) State Permitted Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(8) NAIC SAP	(5-6-7=8)	XXX	XXX	\$3,744,533	\$31,452,462

b. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims, health policy reserves, and risk-sharing provisions. It is at least reasonably possible that these estimates will be materially revised in the near term.

**c. Accounting Policy**

**Cash and Short-term Investments** - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles. Short-term investments are stated at amortized cost.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.
- (2) Bonds are not backed by other loans and are stated at amortized cost using the interest method.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.
- (7) The Company had no subsidiaries, controlled or affiliated investments.
- (8) The Company had no joint ventures of limited partnerships.
- (9) The Company had no derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company's pharmaceutical rebate receivables are estimated based prior period actual receipts.

**Revenue Recognition and Accounts Receivable** - Subscriber premiums are recognized in the period that members are entitled to related health care services. A substantial portion of health premiums due and unpaid is due from third-party payers for subscribers located within southeastern Michigan. Health premiums due and unpaid are stated at invoice amounts. An allowance for doubtful accounts of \$0 and \$135,000 are recorded at December 31, 2022, and December 31, 2021, respectively. Unpaid invoices greater than 90 days old are treated as non-admitted for statutory accounting purposes. Approximately \$0 and \$725,000 of receivables greater than 90 days old were non-admitted at December 31, 2022, and December 31, 2021, respectively.

**Recognition of Medical and Hospital Expenses** - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end.

**Physician Group Contracts** - The Company contracts with certain physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. During 2022 and 2021, health care payables have been recorded to providers.

**Hospital and Other Group Contracts** - The Company contracts with several hospitals and other groups. These contracts are paid under a capitation fee or various other charge arrangements.

**Malpractice Claims** - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

**Employee, Office Space and Equipment Leasing Agreement** - The Company through Total Health Care, Inc., leases employees, office space, and equipment from Priority Health Managed Benefits, Inc., a wholly owned subsidiary of Corewell Health System. Priority Health Managed Benefits, Inc., facilitates payment of most management, operational, and administrative expenses on behalf of the Company and Total Health Care, Inc. The expenses are subsequently reimbursed to Priority Health Managed Benefits, Inc. by the Company and Total Health Care, Inc. Ultimate operational control of the Company rests with the board of directors of Total Health Care USA, Inc.

**Income Taxes** - Total Health Care USA, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

**2. Accounting Changes and Corrections of Errors**

None

**3. Business Combinations and Goodwill**

**a. Statutory Purchase Method**- None

**b. Statutory Merger** - None

**c. Assumption Reinsurance** – None

**d. Impairment Loss** – None

**4. Discontinued Operations**

None

**5. Investments**

a. Mortgage Loans, including Mezzanine Real Estate Loans – None

b. Debt Restructuring – None

c. Reverse Mortgages – None

d. Loan-Backed Securities – None

e. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

f. Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

g. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

h. Repurchase Agreements Transactions Accounted for as a Sale – None

i. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None

j. Real Estate – None

k. Low-income housing tax credits (LIHTC) – None

l. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Assets	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	%	%
Collateral held under security lending agreements						
Subject to repurchase agreements						
Subject to reverse repurchase agreements						
Subject to dollar repurchase agreements						
Subject to dollar reverse repurchase agreements						
Placed under option contracts						
Letter stock or securities restricted as to sale						
FHLB capital stock						
On deposit with states	1,094,989	1,091,709	3,280	6,619,490	16.54%	16.54%
On deposit with other regulatory bodies						
Pledged as collateral to FHLB (including assets backing funding agreements)						
Pledged as collateral not captured in other categories						
Other restricted assets						
Total Restricted Assets	1,094,989	1,091,709	3,280	6,619,490	16.54%	16.54%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

m. Working Capital Finance Investments - None

n. Offsetting and Netting of Assets and Liabilities - None

o. Structured Notes – Notes

p. 5\* Securities – None

q. Short Sales –None

r. Prepayment Penalty and Acceleration Fees --None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired Joint Ventures, Partnerships and Limited Liability Companies.

7. Investment Income

a. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

b. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None

9. Income Taxes

None

10. Information Concerning Parent, Subsidiaries and Affiliates

a, b, & c

The Company is a wholly owned subsidiary of Total Health Care, Inc., the parent company.

d. **Amounts Due to Related Parties** – At December 31, 2022, and December 31, 2021, the Company had amounts due to parent and affiliates of \$1,752,083 and \$4,217,083, respectively, resulting from operating costs paid by the parent and affiliates on behalf of the Company or by the Company on behalf of the related party.

e. **Guarantees** – The Company has no guarantees with any companies within its holding company structure.

f. **Material Employee, Office Space and Equipment Leasing Agreement** – The Company through Total Health Care, Inc., leases employees, office space, and equipment from Priority Health Managed Benefits, Inc., a wholly owned subsidiary of Corewell Health System. Priority Health Managed Benefits, Inc. facilitates payment of most management, operational, and administrative expenses on behalf of the Company and Total Health Care, Inc. The expenses are then subsequently reimbursed to Priority Health Managed Benefits, Inc. by the Company and Total Health Care, Inc. Ultimate operational control of the Company rests with the board of directors of Total Health Care USA, Inc. During 2022 and 2021, the Company incurred expenses of \$2,068,412 and \$9,727,266.

g. **Common Control** – All outstanding shares of Total Health Care USA, Inc. are owned by the Parent Company, Total Health Care, Inc, an insurance holding company domiciled in the State of Michigan.

h. **Deductions in Value** - There have been no deductions in value between affiliated companies.

i. **SCA that exceed 10% of Admitted Assets** - None

j. **Impaired SCAs** - The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled, or Affiliated Companies during the statement period.

k. **Foreign Subsidiary** - None

l. **Downstream Noninsurance Holding Company** – None

m. **All SCA Investments** – None

n. **Investment in Insurance SCAs** - None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

a.- d. Defined Benefit Plan – None

e. Defined Contribution Plans – None.

f. Multi-Employer Plan – None

g. Consolidated/Holding Company Plans – None

h. Post-Employment Benefits and Compensated Absences – None

i. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) The Company has issued no capital stock.

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- (2) The Company has no preferred stock outstanding.
- (3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the State of Michigan Office of Insurance Regulation, as long as the Company meets or exceeds minimum surplus requirements.
- (4) During 2022 and 2021 the Company paid dividends of \$29,600,000 and \$0, respectively.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is (\$1,030) and (\$7,397) at December 31, 2022, and December 31, 2021, respectively. The portion of unassigned funds represented or reduced by the change in non-admitted asset values is \$140,540 and \$584,317 at December 31, 2022, and December 31, 2021, respectively.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) and (13) There have been no quasi-reorganizations.

**14. Liabilities, Contingencies and Assessments**

The Company has recorded a liability of \$488,353 in settlement of an assertion by the Michigan Department of Health and Human Services (MDHHS) that the Company owed MDHHS for claims submitted directly to and paid by MDHHS. The settlement agreement was reached in February 2023.

The Company reported expense of \$488,353 and (\$3,666,971) related to settlements in its Statement of Revenue and expenses for the period ended December 31, 2022, and the year ended December 31, 2021, respectively.

Estimated losses for claims-related matters are accrued as claims unpaid.

- a. Contingent Commitments – None
- b. Assessments – None
- c. Gain Contingencies – None
- d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None
- e. Joint and Several Liabilities - None
- f. All Other Contingencies – There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

**15. Leases**

None

**16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.**

None

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.**

- a. Transfers of Receivables reported as Sales – None



- b. Transfer and Servicing of Financial Assets – None
- c. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.

- a. ASO Plans – None
- b. ASC Plans – None.
- c. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Fair Value Measurements

The following table presents information about the Company’s assets and liabilities measured at fair value at December 31, 2022, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

The fair value of bonds was determined primarily based on level 2 inputs. The Company obtains the fair value of these investments based on values determined and provided by the investment custodians.

A. (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Perpetual Preferred Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	248,970	-	248,970
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ 248,970	\$ -	\$ 248,970
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative Assets				
Interest Rate Contracts	\$ -	\$ -	\$ -	\$ -
Foreign Exchange Contracts	-	-	-	-
Credit Contracts	-	-	-	-
Commodity Futures Contracts	-	-	-	-

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Commodity Forward Contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate Account Assets	\$ -	\$ -	\$ -	\$ -
Total Assets at Fair Value	\$ -	\$ 248,970	\$ -	\$ 248,970
b. Liabilities at Fair Value				
Derivative Liabilities	\$ -	\$ -	\$ -	\$ -
Total Liabilities at Fair Value	\$ -	\$ -	\$ -	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value - None

(3) The Company’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 3.

(5) Derivative assets and liabilities- None

B. N/A

C. Aggregate Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value				Not Practicable (Carrying Value)
	Value	Admitted Assets	Level 1	Level 2	Level 3
Bonds	\$ 248,970	\$ 248,970	\$ -	\$ 248,970	\$ -
Common Stock	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-
Mortgage Loans	-	-	-	-	-
Totals	\$ 248,970	\$ 248,970	\$ -	\$ 248,970	\$ -

D. Not Practicable to Estimate Fair Value – N/A

E. N/A

21. Other Items

a. Unusual or Infrequent Items - None

b. Troubled Debt Restructuring – None

c. Other Disclosures – Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be issued only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. At December 31, 2022, and December 31, 2021, \$1,094,989 and \$1,091,709, respectively were held in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

At December 31, 2022 and December 31, 2021, respectively the Company had admitted assets of \$349,109 and \$1,578,100, respectively, in health premiums due and unpaid for amounts due from subscribers, governmental entities, and other health care providers. The Company routinely assessed the collectability of these receivables and has an allowance of \$349,109 and \$925,173 for uncollectable amounts has been recorded at December 31, 2022, and December 31, 2021, respectively. Receivables greater than 90 days are considered non-admitted for statutory purposes.

d. Business Interruption Insurance Recoveries - None

e. State Transferable and Non-transferable Tax Credits - None

f. Subprime Mortgage Related Risk Exposure – None

g. Retained Assets – None

h. Insurance-Linked Securities (ILS) Contracts – None

22. Events Subsequent

Type I. – Recognized Subsequent Events –

Subsequent events have been considered through 02/27/2022 for the statutory statement issued on December 31, 2022.

None

Type II. – Non-recognized Subsequent Events –

Subsequent events have been considered through 02/27/2022 for the statutory statement issued December 31, 2022.

	Current Year		Prior Year	
	No	No	No	No
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010				
B. ACA fee assessment payable for the upcoming year	\$ -	\$ -	-	-
C. ACA fee assessment paid	\$ -	\$ -	-	-
D. Premium written subject to ACA 9010 assessment	\$ -	\$ -	-	-
E. Total Adjusted Capital before surplus adjustment	\$ 3,744,533	\$ 31,452,462		
F. Total Adjusted Capital after surplus adjustment	\$ 3,744,533	\$ 31,452,462		
G. Authorized Control Level 5 Year Historical	\$ 780,492	\$ 5,732,813		
H. Would reporting the ACA assessment as of Mar. 31, 2023 trigger an RBC action level? (YES/NO)	No	No		

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( )                      No ( x )

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( )                      No ( x )

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( )                      No ( x )

a. Not Applicable

b. The Company had reinsurance recoverable receivables of \$0 and \$543,861 recorded at December 31, 2022, and December 31, 2021, respectively. In addition, the Company had \$0 in ACA transitional reinsurance recoverable receivables recorded at December 31, 2022, and December 31, 2021, respectively.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

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Yes ( )                      No ( x )

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated reduction in surplus is zero.

(2) The Company has an agreement with Swiss Re Life & Health America Inc., effective for dates of service from November 1, 2020 through December 31, 2021. The reinsurance policy provides coverage on an annual per member basis after a \$500,000 (Commercial-Group and Commercial Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement is \$2,000,000 per member.

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company at December 31, 2022, that are subject to retrospective rating features was \$0 that represented 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. At December 31, 2022 and December 31, 2021 the Company had medical loss ratio rebates payable of \$0 pursuant to Public Health Service Act. For December 31, 2021 the actual rebate amounts paid to subscribers was \$2,593,506.

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	-	814,873	(1,646,388)	-	(831,515)
(2) Medical loss ratio rebates paid	-	1,143,345	1,450,161	-	2,593,506
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	XXX
Current Reporting Year-to-Date					
(1) Medical loss ratio rebates incurred	-	-	-	-	-
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?      **YES**

The Company recorded \$0 receivable and \$0 payable at December 31, 2022 for 2021 risk adjustment. During 2022, the Company received \$701,003 and paid \$2,925,196 for risk adjustment for 2021. During 2021, the Company received \$1,886,684 for risk adjustment for 2020.

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

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		December 31, 2022		December 31, 2021	
a. Permanent ACA Risk Adjustment Program		Amount		Amount	
Assets					
1. Premium adjustments receivable due to ACA Risk Adjustment		\$	-	\$	-
Liabilities					
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$	-	\$	139,026
3. Premium adjustments payable due to ACA Risk Adjustment		\$	-	\$	3,502,951
Operations (Revenue & Expenses)					
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$	1,669,987	\$	7,609,589
5. Reported in expenses as ACA risk adjustment user fees (incurred/Paid)		\$	-	\$	41,223
b. Transitional ACA Reinsurance Program					
Assets					
1. Amount recoverable for claims paid due to ACA Reinsurance		\$	-	\$	-
2. Amount recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		\$	-	\$	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$	-	\$	-
Liabilities					
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		\$	-	\$	-
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$	-	\$	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$	-	\$	-
Operations (Revenue & Expenses)					
7. Ceded reinsurance premiums due to ACA Reinsurance		\$	-	\$	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$	-	\$	-
9. ACA Reinsurance contributions - not reported as ceded premium		\$	-	\$	-
c. Temporary ACA Risk Corridors Program					
Assets					
1. Accrued retrospective premiums due to ACA Risk Corridors		\$	-	\$	-
Liabilities					
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$	-	\$	-
Operations (Revenue & Expenses)					
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$	-	\$	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$	-	\$	-

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any non-admission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable Prior Year Accrued Less Payments (Col 1-3)	6 (Payable) Prior Year Accrued Less Payments (Col 2-4)	7 Receivable To Prior Year Balances	8 (Payable) To Prior Year Balances	9 Ref	10 Receivable Cumulative Balance from Prior years (Col 1-3+7)	11 (Payable) Cumulative Balance from Prior years (Col 2-4+8)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	-	-	701,003	-	(701,003)	-	1,190,059	-	A	489,056	-
2. Premium adjustments (payable)	-	3,502,951	-	2,925,196	-	577,755	-	(577,755)	B	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	-	3,502,951	701,003	2,925,196	(701,003)	577,755	1,190,059	(577,755)	-	489,056	-
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	C	-	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	D	-	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-	-	-	-	-	-	-	-	F	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	G	-	-
6. Liability for amounts held uninsured plans	-	-	-	-	-	-	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	I	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	K	-	-
d. Total for ACA Risk Sharing Provisions	\$ -	\$ 3,502,951	\$ 701,003	\$ 2,925,196	\$ (701,003)	\$ 577,755	\$ 1,190,059	\$ (577,755)		\$ 489,056	\$ -

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances: Not Applicable

(5) ACA Risk Corridor Receivable: Not Applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2021 were \$14,496,644. As of December 31, 2022, \$11,897,534 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$278,217 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$2,599,110 favorable development since December 31, 2021 to December 31, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$0 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The Company reports risk-sharing receivables and payables related to global capitation and specialty claims arrangements based upon the terms of its contracts.

Pharmaceutical rebates receivable at both December 31, 2022 and December 31, 2021 were \$0. Rebates are netted with pharmacy expense. During 2022 and 2021, pharmacy rebates in the amount of \$ 0 and \$3,893,166 respectively, were collected.

Quarter	Statements	Confirmed	Confirmation	Confirmation	Confirmation
12/31/2022	-	-	-	-	-
9/30/2022	-	-	-	-	-
6/30/2022	-	-	-	-	-
3/31/2022	-	-	-	-	-
12/31/2021	764,842	764,842	764,842	-	-
9/30/2021	1,061,856	1,061,856	1,061,856	-	-
6/30/2021	1,075,092	1,075,092	7,075,092	-	-
3/31/2021	991,376	991,376	991,376	-	-
12/31/2020	867,695	867,695	867,695	-	-
9/30/2020	979,076	979,076	979,076	-	-
6/30/2020	1,019,313	1,019,313	1,019,313	-	-
3/31/2020	891,288	891,288	891,288	-	-

Health care receivables include the following amounts related to specialty pool receivables:

		Risk-Sharing		Risk-Sharing		Actual		Actual		Actual	
Evaluation Period		Risk-Sharing Receivable as Estimated in the Current Year	Risk-Sharing Receivable Billed	Risk-Sharing Receivable Not Yet Billed	Risk-Sharing Amounts Received in Year Billed	Risk-Sharing Amounts Received First Subsequent Year	Risk-Sharing Amounts Received Second Year Subsequent	Risk-Sharing Amounts Received - All Other			
Calendar Year	Ending Year	the Prior Year									
2022	2022	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2021	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2021	2021	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2022	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2020	2020	\$ 628,867	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2021	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

29. Participating Policies

None

30. Premium Deficiency Reserves – No Change

1. Liability carried for premium deficiency reserves\$0
2. Date of the most recent evaluation of this liability12/31/2022
3. Was anticipated investment income utilized?Yes ☐ No ☒

31. Anticipated Salvage and Subrogation

Loss reserves have not been reduced for any salvage or subrogation. During 2022 and 2021, the Company received subrogation totaling \$28,623 and \$233,842, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

Yes ☒ No ☐ N/A ☐

1.3

State Regulating? .....

Michigan

1.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes ☐ No ☒

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes ☐ No ☒

2.2

If yes, date of change: .....

02/10/2020

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2022

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2019

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

10/23/2020

3.4

By what department or departments?  
Michigan Department of Insurance and Financial Services .....

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☒ No ☐ N/A ☐

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes ☒ No ☐ N/A ☐

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes ☐ No ☒

6.2

If yes, give full information: .....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity



GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? .....

Yes [ ] No [ X ]

8.2

If the response to 8.1 is yes, please identify the name of the DIHC.  
.....

8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....	.....	.....	.....	.....	.....

8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? .....

Yes [ ] No [ X ]

8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? .....

Yes [ ] No [ X ] N/A [ ]

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PLANTE & MORAN PLLC., 1111 MICHIGAN AVENDUE, SUITE 100, EAST LANSING, MI 48823 .....

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.2

If the response to 10.1 is yes, provide information related to this exemption:  
.....

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.4

If the response to 10.3 is yes, provide information related to this exemption:  
.....

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? .....

Yes [ X ] No [ ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain  
.....

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
ZACHARY ERIKSON, ASA, MAAA, 1231 EAST BELTLINE AVE NE, GRAND RAPIDS, MI 49525 MANAGER, MEDICAL COST ANALYSIS .....

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? .....

Yes [ ] No [ X ]

12.11

Name of real estate holding company ...

12.12

Number of parcels involved .....

12.13

Total book/adjusted carrying value .....\$ .....

12.2

If, yes provide explanation:  
.....

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .....

Yes [ ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year? .....

Yes [ ] No [ ]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

Yes [ ] No [ ] N/A [ X ]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....

Yes [ X ] No [ ]

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:  
.....

14.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).  
.....

14.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [ ] No [ X ]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [ X ] No [ ]
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [ X ] No [ ]
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [ X ] No [ ]

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [ ] No [ X ]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$ .....0

20.12 To stockholders not officers.....\$ .....0

20.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....\$ .....0

20.22 To stockholders not officers.....\$ .....0

20.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [ ] No [ X ]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....\$ .....

21.22 Borrowed from others.....\$ .....

21.23 Leased from others .....\$ .....

21.24 Other .....\$ .....
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [ ] No [ X ]
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....

22.22 Amount paid as expenses .....\$ .....

22.23 Other amounts paid .....\$ .....
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [ X ]
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ .....
- 24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [ ] No [ X ]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [ X ] No [ ]

GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page. \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [ ] No [ X ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$

26.22 Subject to reverse repurchase agreements \$

26.23 Subject to dollar repurchase agreements \$

26.24 Subject to reverse dollar repurchase agreements \$

26.25 Placed under option agreements \$

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$

26.27 FHLB Capital Stock \$

26.28 On deposit with states \$

26.29 On deposit with other regulatory bodies \$ 248,970

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$

26.32 Other \$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ X ] N/A [ ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? . Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ X ]

27.42 Permitted accounting practice Yes [ ] No [ X ]

27.43 Other accounting guidance Yes [ ] No [ X ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

Yes [ ] No [ X ]

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
COMERICA BANK – Carol Morga	611 WOODWARD AVE., DETROIT, MI 48226

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [    ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Comerica Securities – Carol Morga .....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [    ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [    ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [    ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	248,970	248,970	0
31.2 Preferred stocks .....	0		0
31.3 Totals	248,970	248,970	0

- 31.4 Describe the sources or methods utilized in determining the fair values:  
Determined by custodian .....
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: .....
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 33.2 If no, list exceptions: .....
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]
35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ X ] No [ ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies? .....

Yes [ ] No [ X ]
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?  
.....
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? .....

Yes [ ] No [ X ]
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums
.....	.....	.....

OTHER

- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....

\$ .....0
- 40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.
- | 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... | .....       |
- 41.1

Amount of payments for legal expenses, if any? .....

\$ .....0
- 41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.
- | 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... | .....       |
- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....

\$ .....0
- 42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.
- | 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... | .....       |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force? .....

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only. ....

\$ .....

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

\$ .....

1.31

Reason for excluding .....

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....

\$ .....

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ .....0

1.6

Individual policies:

Most current three years:

1.61 Total premium earned .....\$ .....0

1.62 Total incurred claims .....\$ .....0

1.63 Number of covered lives .....0

All years prior to most current three years:

1.64 Total premium earned .....\$ .....0

1.65 Total incurred claims .....\$ .....0

1.66 Number of covered lives .....0

1.7

Group policies:

Most current three years:

1.71 Total premium earned .....\$ .....0

1.72 Total incurred claims .....\$ .....0

1.73 Number of covered lives .....0

All years prior to most current three years:

1.74 Total premium earned .....\$ .....0

1.75 Total incurred claims .....\$ .....0

1.76 Number of covered lives .....0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator .....

203,651

144,981,044

2.2

Premium Denominator .....

203,651

144,981,044

2.3

Premium Ratio (2.1/2.2) .....

1.000

1.000

2.4

Reserve Numerator .....

278,217

18,756,818

2.5

Reserve Denominator .....

278,217

18,756,818

2.6

Reserve Ratio (2.4/2.5) .....

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....

Yes [ ] No [ X ]

3.2

If yes, give particulars: .....

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....

Yes [ X ] No [ ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....

Yes [ ] No [ ]

5.1

Does the reporting entity have stop-loss reinsurance? .....

Yes [ ] No [ X ]

5.2

If no, explain:  
No membership in 2022. ....

.....

5.3

Maximum retained risk (see instructions)

5.31 Comprehensive Medical .....\$ .....

5.32 Medical Only .....\$ .....

5.33 Medicare Supplement .....\$ .....

5.34 Dental & Vision .....\$ .....

5.35 Other Limited Benefit Plan .....\$ .....

5.36 Other .....\$ .....

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Catastrophic Insurance, look solely language in contract,s insolvency insurance .....

.....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [ X ] No [ ]

7.2

If no, give details .....

.....

8.

Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ....0

8.2 Number of providers at end of reporting year ....0

9.1

Does the reporting entity have business subject to premium rate guarantees? .....

Yes [ ] No [ X ]

9.2

If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months..\$.....

9.22 Business with rate guarantees over 36 months .....\$.....

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ X ] No [ ]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 1,000,000

10.22

Amount actually paid for year bonuses

\$ 889,052

10.23

Maximum amount payable withholds

\$

10.24

Amount actually paid for year withholds

\$

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model

Yes [ ] No [ X ]

11.13

An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14

A Mixed Model (combination of above)?

Yes [ ] No [ X ]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]

11.3

If yes, show the name of the state requiring such minimum capital and surplus.

Michigan

11.4

If yes, show the amount required.

\$ 1,560,984

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]

11.6

If the amount is calculated, show the calculation

Calculation is based on 200% RBC. See RBC calculation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Oakland County
Wayne County
Macomb County
Genessee County

13.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

13.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [ ] No [ ] N/A [ X ]

14.2

If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15.

Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1

Direct Premium Written

\$

15.2

Total Incurred Claims

\$

15.3

Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ] No [ X ]

16.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ X ]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

FIVE-YEAR HISTORICAL DATA

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	6,619,490	56,540,654	69,119,820	81,593,286	76,781,614
2. Total liabilities (Page 3, Line 24) .....	2,874,957	25,088,192	37,971,597	45,840,499	34,218,444
3. Statutory minimum capital and surplus requirement .....	1,560,984	11,465,625	11,169,293	12,802,147	11,782,065
4. Total capital and surplus (Page 3, Line 33) .....	3,744,533	31,452,462	31,148,223	35,752,787	42,563,170
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	1,993,755	152,590,633	145,510,586	181,249,266	182,227,860
6. Total medical and hospital expenses (Line 18) .....	(2,467,281)	134,302,942	130,273,954	146,146,294	139,325,532
7. Claims adjustment expenses (Line 20) .....	42,212	2,664,877	207,554	488,369	467,780
8. Total administrative expenses (Line 21) .....	2,796,850	15,922,039	19,619,582	33,068,591	33,093,313
9. Net underwriting gain (loss) (Line 24) .....	1,621,974	(299,225)	(4,590,504)	1,546,012	9,341,235
10. Net investment gain (loss) (Line 27) .....	130,587	26,544	366,914	1,701,057	1,252,132
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	1,752,561	(272,681)	(4,223,590)	3,247,069	10,593,367
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(16,937,716)	(12,624,342)	(10,091,743)	13,434,742	23,387,327
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	3,744,533	31,452,462	31,148,223	35,752,787	42,563,170
15. Authorized control level risk-based capital .....	780,492	5,732,813	5,584,647	6,122,142	5,891,033
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	0	25,181	34,784	38,942	42,382
17. Total members months (Column 6, Line 7) .....	0	386,198	438,275	505,674	530,908
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	(131.7)	88.0	89.5	80.6	76.5
20. Cost containment expenses .....	0.0	1.6	0.1	0.3	0.3
21. Other claims adjustment expenses .....	2.3	0.1	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	19.8	100.2	103.2	99.1	94.9
23. Total underwriting gain (loss) (Line 24) .....	86.6	(0.2)	(3.2)	0.9	5.1
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	12,786,586	14,412,076	16,770,858	11,759,183	9,801,536
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	15,253,867	15,974,167	25,482,269	12,484,407	11,223,731
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [     ] No [     ]

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

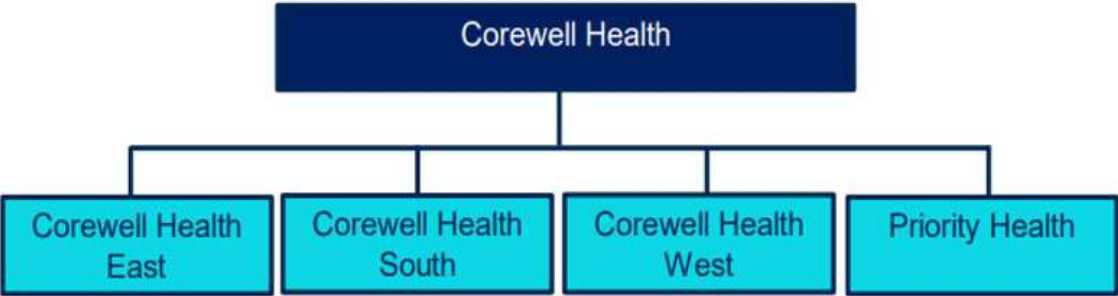
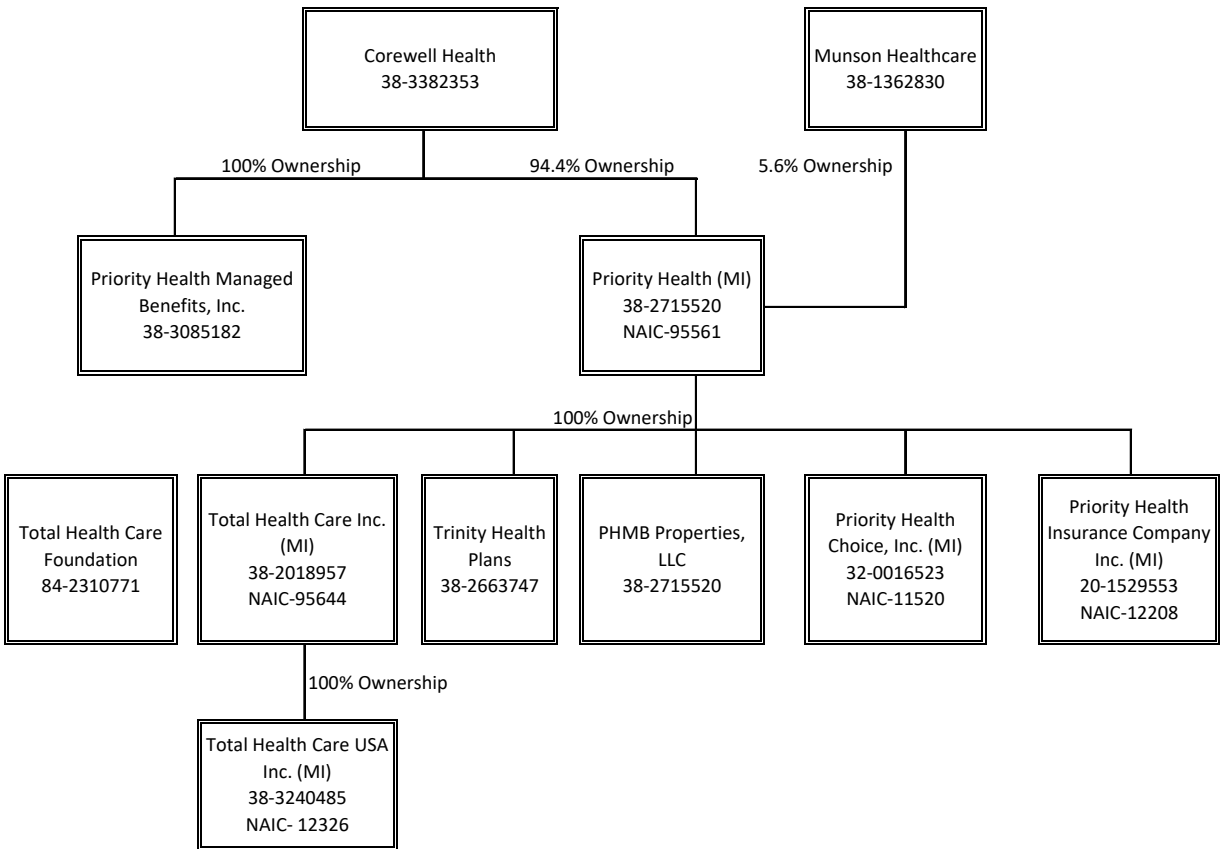
Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	AL .....	N.....							.....0	
2.	Alaska .....	AK .....	N.....							.....0	
3.	Arizona .....	AZ .....	N.....							.....0	
4.	Arkansas .....	AR .....	N.....							.....0	
5.	California .....	CA .....	N.....							.....0	
6.	Colorado .....	CO .....	N.....							.....0	
7.	Connecticut .....	CT .....	N.....							.....0	
8.	Delaware .....	DE .....	N.....							.....0	
9.	District of Columbia	DC .....	N.....							.....0	
10.	Florida .....	FL .....	N.....							.....0	
11.	Georgia .....	GA .....	N.....							.....0	
12.	Hawaii .....	HI .....	N.....							.....0	
13.	Idaho .....	ID .....	N.....							.....0	
14.	Illinois .....	IL .....	N.....							.....0	
15.	Indiana .....	IN .....	N.....							.....0	
16.	Iowa .....	IA .....	N.....							.....0	
17.	Kansas .....	KS .....	N.....							.....0	
18.	Kentucky .....	KY .....	N.....							.....0	
19.	Louisiana .....	LA .....	N.....							.....0	
20.	Maine .....	ME .....	N.....							.....0	
21.	Maryland .....	MD .....	N.....							.....0	
22.	Massachusetts .....	MA .....	N.....							.....0	
23.	Michigan .....	MI .....	L.....	203,651						203,651	
24.	Minnesota .....	MN .....	N.....							.....0	
25.	Mississippi .....	MS .....	N.....							.....0	
26.	Missouri .....	MO .....	N.....							.....0	
27.	Montana .....	MT .....	N.....							.....0	
28.	Nebraska .....	NE .....	N.....							.....0	
29.	Nevada .....	NV .....	N.....							.....0	
30.	New Hampshire .....	NH .....	N.....							.....0	
31.	New Jersey .....	NJ .....	N.....							.....0	
32.	New Mexico .....	NM .....	N.....							.....0	
33.	New York .....	NY .....	N.....							.....0	
34.	North Carolina .....	NC .....	N.....							.....0	
35.	North Dakota .....	ND .....	N.....							.....0	
36.	Ohio .....	OH .....	N.....							.....0	
37.	Oklahoma .....	OK .....	N.....							.....0	
38.	Oregon .....	OR .....	N.....							.....0	
39.	Pennsylvania .....	PA .....	N.....							.....0	
40.	Rhode Island .....	RI .....	N.....							.....0	
41.	South Carolina .....	SC .....	N.....							.....0	
42.	South Dakota .....	SD .....	N.....							.....0	
43.	Tennessee .....	TN .....	N.....							.....0	
44.	Texas .....	TX .....	N.....							.....0	
45.	Utah .....	UT .....	N.....							.....0	
46.	Vermont .....	VT .....	N.....							.....0	
47.	Virginia .....	VA .....	N.....							.....0	
48.	Washington .....	WA .....	N.....							.....0	
49.	West Virginia .....	WV .....	N.....							.....0	
50.	Wisconsin .....	WI .....	N.....							.....0	
51.	Wyoming .....	WY .....	N.....							.....0	
52.	American Samoa ....	AS .....	N.....							.....0	
53.	Guam .....	GU .....	N.....							.....0	
54.	Puerto Rico .....	PR .....	N.....							.....0	
55.	U.S. Virgin Islands ..	VI .....	N.....							.....0	
56.	Northern Mariana Islands .....	MP .....	N.....							.....0	
57.	Canada .....	CAN .....	N.....							.....0	
58.	Aggregate Other Aliens .....	OT .....	XXX.....0		0	0	0	0	0	0	0
59.	Subtotal .....	XXX .....	203,651	0	0	0	0	0	0	203,651	0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX .....								0	
61.	Totals (Direct Business)	XXX .....	203,651	0	0	0	0	0	0	203,651	0
DETAILS OF WRITE-INS											
58001.	.....	XXX .....									
58002.	.....	XXX .....									
58003.	.....	XXX .....									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX .....	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. N - None of the above - Not allowed to write business in the state.....	56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. ....	0		

(b) Explanation of basis of allocation by states, premiums by state, etc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF  
INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Statement of Revenue and Expenses Line 47

	1 Current Year	2 Prior Year
4704. ....		0
4797. Summary of remaining write-ins for Line 47 from overflow page	0	0